

FRANCHISE APPLICATION FORM

					DAT	E:			
SECTION A	ALL APPLIC	ANTS TO F	FILL	THIS SEC	TION				
Current Store Name									
Proposed Store Name									
Store Address									
Suburb				State Pos		Post (st Code		
Mailing Address	Same as above								
If Different to store									
Phone		Fax				Mobi	ile		
Nominated Operator				Currently S	Scanning	Ľ		S	
	BAT	r i i i i i i i i i i i i i i i i i i i	P	ML	ITA			тс	TAL
TURNOVER/WEEK									
CUSTOMER NO									
HARDWARE									
TRAYS									
SHARE OF VOICE									

I/we warrant and acknowledge that:

- 1. I/we have no obligation or commitment to any other group and/or franchise system;
- 2. I/we have no contractual or financial obligation to any other group or franchise system;
- 3. Manufacturers, suppliers and King of the Pack Pty Ltd are relying upon this warranty in paying future rebates to my new franchise.

I/we agree to indemnify all manufacturers, suppliers and King of the Pack Pty Ltd against any claim, demand, liability, loss or costs which may be incurred by it as a consequence of any dispute arriving from or related to my relationship with my former group or franchise system. This also serves as notice that I will be joining King of the Pack franchise with effect from: ____/ /___ [insert date].

SIGNED by)	
in his/her own right and for and on behalf of any)	
company that I may operate the prospective King of the)	
Pack franchise, in the presence of:)	
)	Prospective franchisee signature
Witness signature		Print Name
Print Name		Date



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SECTION B	ONLY FILL THIS SECTION IF YOU ARE A SOLE TRADER					
OWNER DETAILS						
Name						
Home Address						
Suburb				State		Post Code
Phone		Fax		Mobile		
ABN						

SECTION C ONLY	ONLY FILL THIS SECTION IF YOU ARE A PARTNERSHIP					
PARTNER 1 DETAILS						
Name						
Home Address						
Suburb		State		Post Code		
Phone	Fax		Mobile			
PARTNER 2 DETAILS	•					
Name						
Home Address						
Suburb			State		Post Code	
Phone	Fax		Mobile			
PARTNER 3 DETAILS						
Name						
Home Address						
Suburb			State		Post Code	
Phone	Fax		Mobile			
Partnership ABN						



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SECTION D ONLY FILI	THIS SECTION IF YO	<mark>U AR</mark>	E A COMPA	ANY OR TRUST	
Company Name					
Registered Address					
Suburb		State		Post Code	
Phone	Fax		Mobile		
ABN/ACN			•		
SHAREHOLDER 1 DETAILS					
Shareholder 1 Name					
Home Address					
Suburb		State		Post Code	
Phone	Fax		Mobile		
SHAREHOLDER 2 DETAILS					
Shareholder 2 Name					
Home Address					
Suburb		State		Post Code	
Phone	Fax		Mobile		
GUARANTOR DETAILS					
Guarantor Name					
Home Address					
Suburb		State		Post Code	
Phone	Fax		Mobile		
NOMINATED OPERATOR (if not	a shareholder)				
Guarantor Name					
Home Address					
Suburb		State		Post Code	
Phone	Fax		Mobile		